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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration
Submitted
with Initial Filing

OR ☒

Declaration
Submitted
after
Initial Filing

Attorney Docket
Number

C 2903 PCT/US

First Named
Inventor

Peter KEMPERS

COMPLETE IF KNOWN

Application
Number

10/595,656

Filing Date

January 3, 2007

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ACYL RIBONUCLEOSIDES AND ACYL DEOXYRIBONUCLEOSIDES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

10/23/2004

as United States Application Number or PCT International

Application Number

PCT/EP2004/011990

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
EP 03292735.2	EP	11/03/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box • ☐

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/011990	10/23/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label ☐

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Peter	Middle Initial		Family Name	KEMPERS	Suffix e.g. Jr.	
Inventor's Signature	<i>Peter Kemper</i>				Date	18/04/2006	
Residence: City	Grevenbroich	State		Country	Germany	Citizenship	German
Post Office Address	An den Pappeln 22						
Post Office Address							
City	41516 Grevenbroich	State		Zip		Country	Germany
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box + ☐

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Philippe	Middle Initial		Family Name	MOUSSOU	Suffix e.g. Jr.	
Inventor's Signature					Date	01/06/2006	
Residence: City	Nancy	State		Country	France	Citizenship	French
Post Office Address	14, rue de Marsal						
Post Office Address							
City	54000 Nancy	State		Zip		Country	France
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Louis	Middle Initial		Family Name	DANOUX	Suffix e.g. Jr.	
Inventor's Signature					Date	1 st June 2006	
Residence: City	Saulxures Les Nancy	State		Country	France	Citizenship	French
Post Office Address	12, rue de Bretagne						
Post Office Address							
City	54420 Saulxures Les Nancy	State		Zip		Country	France
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Sabine	Middle Initial		Family Name	BOTH	Suffix e.g. Jr.	
Inventor's Signature					Date	24.4.06	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	German
Post Office Address	Neustaedter Weg 23						
Post Office Address							
City	40229 Duesseldorf	State		Zip		Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Carsten	Middle Initial		Family Name	BEVERUNGEN	Suffix e.g. Jr.	
Inventor's Signature					Date	23/05/06	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	German
Post Office Address	Nixenstrasse 22						
Post Office Address							
City	40591 Duesseldorf	State		Zip		Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box → ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet													
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Gilles				Middle Initial				Family Name		PAULY				Suffix e.g. Jr.							
Inventor's Signature										Date		01/06/06											
Residence: City		Nancy				State				Country		France				Citizenship		French					
Post Office Address		5, rue de Begonias																					
Post Office Address																							
City		54000 Nancy				State				Zip				Country		France				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
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Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
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Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																							